

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 61/663281 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		1					53					
4		3					54					
5		3					55					
6		3					56					
7	1						57					
8		1					58					
9		2					59					
10		1					60					
11		1					61					
12		3					62					
13		1					63					
14	1						64					
15	1						65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
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27							78					
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32							83					
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34							85					
35							86					
36							87					
37							88					
38							89					
39							90					
40							91					
41							92					
42							93					
43							94					
44							95					
45							96					
46							97					
47							98					
48							99					
49							100					
50												
TOTAL IND.	4											
TOTAL DEP.	14											
TOTAL CLAIMS	18											